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Country programme document for Tajikistan

Proposed indicative UNFPA assistance:	$7.2 million: $5.0 million from regular resources and $2.2 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	Fourth
Category per decision 2013/31:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.0	1.0	4.0
Outcome 2	Adolescents and youth	0.4	0.2	0.6
Outcome 3	Gender equality and women's empowerment	0.5	0.2	0.7
Outcome 4	Population dynamics	0.7	0.8	1.5
Programme coordination and assistance		0.4	–	0.4
Total		5.0	2.2	7.2

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I. Situation analysis

1. Tajikistan is a landlocked country located in Central Asia; it is largely mountainous (93%), with around half its territory lying 3,000 metres above sea level. The population of Tajikistan is estimated at 8.2 million (2014), with intercensal population growth at 23.5 per cent (census 2010). Nearly three quarters (73.4 per cent) of the population lives in rural areas. Since the 1990s, the country has faced a significant decline in fertility: the total fertility rate decreased from 6.3 in the 1990s to 3.2 at present. Almost 60 per cent of the population is below age 24 and the average population age is 25.2 years.

2. Despite the steady annual growth of the gross domestic product (GDP) in the last decade (5-7 per cent), Tajikistan remains one of the least developed countries in the region. Lack of natural energy resources, weak infrastructure, the arduous transition to a market economy, and the slow pace of reforms coupled with the aftermath of the global economic crisis has put significant pressure on the population. Its porous border with unstable Afghanistan, landlocked location, and unresolved water, energy and border demarcation conflicts with neighbouring countries pose security threats and impede sustainable development.

3. In the framework of the Millennium Development Goals and with the support of donor community, Tajikistan initiated major economic and human rights reforms aimed at ensuring energy independence, food security, and infrastructure and communications development. Although the country achieved a significant decline in poverty levels from 83 per cent (1999) to 35.6 per cent (2013), and demonstrated substantial progress, Goals 3 and 5 remain unattained.

4. The health-care system almost collapsed during the civil war (1992-1997) and further suffered from poor governance and inadequate resource allocation and distribution. The situation weakened medical institutions, particularly at the primary health-care level and deteriorated health services. The officially reported maternal mortality ratio decreased from 46.5 per 100,000 live births in 2009 to 33 per 100,000 live births in 2013. However, an interagency expert group estimated the maternal mortality ratio at 65 per 100,000 live births (2010). The main reasons for high maternal mortality are short inter-birth intervals (less than two years for 37.2 per cent of women); poor quality or lack of antenatal care (48 per cent of maternal deaths); and lack of emergency obstetrics care, especially in rural areas. Although there is a shortage of health professionals in rural regions, midwifes are only permitted to perform basic medical procedures. Reported rates of cervical cancer morbidity have been steadily growing (4.8 per 100,000 persons in 2005 and 8.2 in 2013).

5. A specialized study on unmet needs for contraceptives revealed marked declines in contraceptive use, mainly for women aged 15-24 years. These women and their partners have limited knowledge of reproductive health and rights and are subject to family pressures. HIV prevalence has increased by more than 25 per cent over the last 10 years (*Report on the Global AIDS Epidemic 2012*). The proportion of HIV-positive women increased from 24.3 per cent in 2009 to 30.2 per cent in 2013. Over 89 per cent of HIV cases were registered among 15-49 year olds. Those most affected are most-at-risk population groups: sex workers; men who have sex with men; intravenous drug users; and prisoners. More recently, the epidemic has begun shifting from transmission through injecting drug use (52.6 per cent in 2011 and 49.6 per cent in 2014) to sexual transmission (29.8 per cent to 41.6 per cent, respectively). Overall, the provision of reproductive health and cervical cancer services is hampered by lack of access to adequate care and early diagnosis; limited health professional capacity; improper use of existing protocols; poor laboratory systems; widespread stigma and discrimination.

6. Although 60 per cent of population are youth under age 24, the relatively high poverty level, limited economic opportunities, weak public services, and limited participation mean that they are unable to meet their potential and contribute to the country's development.

Labour migration is the preferred livelihood strategy for young people; youth unemployment is high. According to the Demographic and Health Survey (2012), 7.4 per cent of adolescents aged 15-19 years had begun childbearing. Early marriages and childbearing among adolescents are more common in rural regions and poor families and for women with no or only primary education.

7. Tajikistan is party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and has made significant strides within the policy and legislative framework on gender equality. However, gender inequality remains one of the main development challenges, both as a rights issue and an impediment to economic and social development. By 2010, out of 29 concluding observations given by CEDAW in 2007, only one was fully implemented, and 14 partly. Major gaps exist in implementation: the national gender machinery is weak; patriarchal views widespread in communities; support services for survivors of violence insufficient because of low resource allocation poor coordination and integration between institutions; and inadequate human resources and skills. The Office of the Ombudsman and other human rights institutions have limited capacities to articulate human rights concerns and address existing problems.

8. The steady decline in birth and death rates indicates that Tajikistan has entered a transition period; it has begun to see the potential of a better demographic dividend but has not yet been able to fully harness its population's potential, since a large proportion of its able-bodied citizens (about one million, mainly men) opts for labour migration. The steady increase of the median age from 18.21 in 1991 to 22.03 in 2013 and its projected rise to 25.60 by 2030 (United Nations Economic Commission for Europe (UNECE) 2013) point to a progressively ageing population. The Government is committed to generating reliable, transparent statistics and high-quality research and analysis, and promotes the use of data on population dynamics to inform development planning, policy formulation and implementation. However, limited funding and lack of experts and international experience imply that Tajikistan will continue to rely on support from development partners.

9. Tajikistan is prone to natural disasters and emergencies and has been identified within the region as the country that suffered the greatest economic impact as a result of climate-related disasters. According to the Government, losses and damages cost the economy over $100 million (3 per cent of GDP) annually. Sharing over 1,300 kilometres of border with Afghanistan, the country remains at risk of having to deal with a large influx of refugees. These challenges call for strong preparedness and response mechanisms to address the potential negative effects on sexual and reproductive health and the possibility of gender-based violence.

II. Past cooperation and lessons learned

10. The previous country programme focused on reproductive health and rights, gender equality, and population and development. It established several strategic partnerships with the Government, United Nations organizations, development partners, and civil society. UNFPA relied on national execution to enhance national ownership and coherence.

11. The independent final evaluation highlighted the programme's achievements: (a) setting up of an emergency obstetrics care system and decreased maternal mortality; (b) increased availability and access to modern contraceptives; (c) international recognition of the 2010 census; (d) emphasis on demographics in the national strategy for improving living standards; and (e) laying of important foundations for an integrated response to gender-based violence.

12. The evaluation provided relevant strategic recommendations for the next programme: (a) focus on four programmatic areas of the UNFPA strategic plan, 2014-2017; (b) give a higher profile to UNFPA work with and for young people; (c) use the post-2015 development agenda and human rights treaties and obligations as the overarching international reference frameworks; (d) focus on reducing inequities in gender relations and access to sexual and

reproductive health services in rural areas; (e) increase preparedness for and engagement in humanitarian settings in all programmatic areas; and (f) build national capacities, increase investments in advocacy and policy dialogue and identify ways to reduce service delivery.

13. The evaluation showed that (a) coordination and partnerships within and across varying constituencies had helped to increase focus on the multifaceted UNFPA agenda; (b) evidence and data had helped to inform policies and facilitate implementation (the 2010 census met international standards and the population dynamics chapter was included in the last national living standards improvement strategy, 2013); and (c) networks made voices of affected populations stronger and allowed for better outreach and service provision for thousands of sex workers and men having sex with men.

III. Proposed programme

14. The proposed fourth programme (2016-2020), formulated through stakeholder consultations under the leadership of the Government, is grounded in the principles of the International Conference on Population and Development (ICPD). The programme responds to national priorities and contributes to the United Nations Development Assistance Framework (UNDAF) for Tajikistan, 2016-2020, particularly in the areas of governance, health, youth and gender.

15. The proposed programme focuses on promoting universal access to sexual and reproductive health and rights and adheres to the transformative development agenda that is universal, inclusive, human rights-based, and anchored in principles of equality. Country programme outputs and interventions are horizontally integrated and complementary to each other. The programme mainstreamed humanitarian programming and employs three overarching strategies: advocacy and policy dialogue and advice; knowledge management; and capacity development.

A. Outcome 1: Sexual and reproductive health

16. Output 1: Increased capacity of national institutions to deliver quality integrated sexual and reproductive health services that are enabled by strong policy framework. The programme will (a) advocate for and provide technical assistance in revising the existing, and developing new, national policies and plans that prioritize universal access to sexual and reproductive health; (b) enhance the capacity of national institutions in strengthening the skills of health service providers to deliver stigma-free, client-oriented sexual and reproductive health services, including cervical cancer prevention; (c) enhance the capacity of national institutions to provide client-tailored, integrated sexual and reproductive health services for youth and key populations; (d) facilitate implementation of the total marketing approach for contraceptives and advocate for increased domestic funding for procurement of family planning commodities; and (e) further strengthen the contraceptive logistics and management system to ensure sustainable commodity security at the facility level.

17. Output 2: Strengthened national capacity to develop and regularly update contingency plans that address the sexual and reproductive health needs of women, adolescents and youth in crisis situations. The programme will support efforts to (a) build the capacity of partners in emergency preparedness and response; and (b) develop or revise humanitarian contingency plans to include relevant elements of the Minimum Initial Service Package for reproductive health in crisis

B. Outcome 2: Adolescents and youth

18. Output 1: Increased capacity of national institutions and networks to conduct evidence-based advocacy for incorporating adolescents and youth rights in national laws, policies and programmes. The programme will support efforts to (a) mobilize partners' institutions to advocate for increased investments in youth and adolescents, including the marginalized, within development and health policies and programmes; (b) build capacity of

youth networks to facilitate their meaningful participation in development processes; and (c) roll out healthy lifestyle education for students of secondary school.

19. Output 2: Increased participation of civil society organizations in promoting sexual and reproductive health and rights of vulnerable and marginalized youth groups. The programme will support efforts to (a) build capacities of networks and organizations managed by youth, key populations and other specific groups to meaningfully participate in planning and implementation of programmes that address their needs and vulnerabilities, including in emergencies; and (b) increase public awareness of and support for sexual and reproductive health and rights and the needs of youth and adolescents, especially girls, key populations and marginalized groups.

C. Outcome 3: Gender equality and women's empowerment

20. Output 1: Strengthened capacity of institutions to enable delivery of multisectoral services and address gender-based violence and discrimination in line with international human rights treaties obligations. The programme will support efforts to (a) formulate and operationalize the monitoring and evaluation framework for gender equality obligations, with a focus on sexual and reproductive health and gender equality obligations in the area of health; (b) increase public awareness of issues of gender equality, non-discrimination, gender-based violence and harmful practices, including by engaging men and boys; and (c) build an integrated health system response to gender-based violence in emergencies.

D. Outcome 4: Population dynamics

21. Output 1: Strengthened national capacity to produce evidence and formulate national policies and strategies that integrate population issues. The programme will support efforts to (a) advocate for and build in-country capacity for the integration of population dynamics, sexual and reproductive health, gender and youth concerns in national strategies and plans; (b) support the conducting of population surveys and analysis that contribute to evidence-based national policy formulation; (c) monitor, analyse and report progress on implementation of the post-2015 global development agenda by generating and disseminating sex and age disaggregated data on population dynamics, sexual and reproductive health and gender equality, including in humanitarian contexts; and (d)assist in preparations for the census 2020.

IV. Programme management, monitoring and evaluation

22. The Government and UNFPA will implement the programme using the national execution modality, in close collaboration with United Nations organizations (including through the harmonized approach cash transfers) and other development partners. Based on the country programme action plan and the monitoring tool, modified according to evaluation findings, UNFPA will, jointly with the Government, civil society and implementing partners, plan the programme, review its progress and conduct monitoring and evaluation. UNFPA will select implementing partners based on their strategic position and ability to deliver high-quality programmes. It will develop a resource mobilization plan to reach potential (traditional and emerging) bilateral donors and from the private sector.

23. The UNFPA country office will consist of a non-resident UNFPA country director, an assistant representative, three national programme analysts, and several support staff. The staff will be funded from the UNFPA integrated institutional and programme budgets. The country programme will utilize the technical and programmatic support and technical assistance from UNFPA headquarters, the regional office and other country offices, including through South-South initiatives. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging issues, especially life-saving measures.

RESULTS AND RESOURCES FRAMEWORK FOR TAJIKISTAN (2016-2020)

National priority: Improved availability, quality and effectiveness of medical services; improvement of maternal and child health; resolve problems associated with natural disasters through the preparedness, prevention, and effective management of natural resources
UNDAF outcome: People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems
Indicator: Maternal mortality ratio (per 100,000 live births); *Baseline 44 (2013); Target 25*

UNFPA strategic plan outcome	*Country programme outputs*	*Output indicators, baselines and targets*	Partners	*Indicative resources*
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Maternal mortality ratio (per 100,000 live births) *Baseline: 33; Target: 25* • Contraceptive prevalence rate (modern) *Baseline: 30%; Target: 37%* • Percentage of sex workers who have received an HIV test in the past 12 months and know their results *Baseline: 55.7%; Target 70%*	*Output 1: Increased capacities of institutions to deliver integrated sexual and reproductive health services by strengthened evidence-based policy frameworks and institutional mechanisms*	• Number of new national plans and policies that prioritize universal access to sexual and reproductive health *Baseline: 0; Target: 3* • Number of new guidelines, protocols and standards for health-care workers developed for delivery of integrated age and gender-responsive sexual and reproductive health services (including on cervical cancer) *Baseline: 1; Target: 4* • Percentage of primary health-care facilities in pilot region providing integrated sexual and reproductive health services (including cervical cancer screening) *Baseline: 0%; Target: 30%* • Maternal death surveillance and response system established and operational at national level *Baseline: No; Target: Yes* • Percentage of service delivery points providing at least three types of contraceptives *Baseline: 65%; Target: 85%* • *Percentage of reproductive health centres and primary health-care facilities delivering integrated sexual and reproductive health services to marginalized youth and key populations* Baseline: 0; Target: 30%	Parliament, Ministries of Economic Development and Trade; Health and Social Protection; reproductive, health centres; Committee on Emergency Situations, local government agencies; United Nations organizations; civil society organizations	*$4.0 million ($3.0 million from regular resources and $1.0 million from other resources)*
	Output 2: Strengthened national capacity to develop and regularly update contingency plans that address the sexual and reproductive health needs of women, adolescents and youth in crisis situations	• Number of new or revised national and regional humanitarian contingency plans that include elements of Minimum Initial Service Package and address the sexual and reproductive health needs of women, adolescents and youth in crisis *Baseline: 1; Target: 4*		
National priority: Healthy lifestyle, sports and physical development as prerequisites for human development; healthy family, significant slowdown in the spread of HIV/AIDS **UNDAF outcome**: People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems ***Indicator:*** *Percentage of young women and men aged 15–24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.* Baseline: 17%; Target: 27%				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	Output 1: Increased capacity of national institutions and networks to conduct evidence-based advocacy for incorporating adolescents and youth rights in national laws, policies and programmes	• Number of UNFPA-supported youth platforms that advocate for increased investments in youth and adolescents, including marginalized youth, within development policies and programmes *Baseline: 1; Target: 6* • Proportion of secondary high schools that have adopted healthy lifestyle education, following international standards for grades 10 and 11 *Baseline: 0; Target: 10%*	Parliament, Ministries of Education; Economic Development and Trade; Health and Social Protection;	$0.6 million ($0.4 million from regular resources and $0.2 million from other resources)

Outcome indicator: • Number of new policies and programmes in place addressing sexual and reproductive health needs of youth and adolescents, including marginalized youth. *Baseline: 0; Target: 3*	Output 2: Increased participation of civil society organizations in promoting sexual and reproductive health and rights of vulnerable and marginalized youth groups	• Number of civil society networks supported by UNFPA that engage in programmes addressing sexual and reproductive health needs of marginalized and vulnerable groups, people living with HIV and key populations *Baseline 4; Target 10* • Number of civil society interventions completed with UNFPA support that address adolescent girls at risk of early marriage and harmful practices. *Baseline: 0; Target: 8*	Committee on Youth; United Nations organizations; civil society organizations and networks	
National priority: Creation of effective mechanisms for the implementation of gender policies **UNDAF outcome:** Women, youth, children, persons with disabilities and other vulnerable groups are protected from violence and discrimination, have a voice that is heard, and are respected as equal members of society **Indicator:** Global gender gap index score. *Baseline: ranked 102; score 0.665; Target 10 % decrease in the gender gap index*				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator: • Proportion of CEDAW concluding observations on sexual and reproductive health and gender-based violence from previous reporting cycle implemented or action taken *Baseline: To be set; Target: 50%*	Output 1: Strengthened capacity of institutions to enable delivery of multisectoral services and to address gender-based violence and discrimination in line with international human rights treaties obligations	• Number of analytical studies to establish evidence on effects of gender inequality and gender-based violence conducted to guide policy *Baseline: 1; Target: 3* • Number of new policies addressing gender inequality, gender-based violence and gender-biased sex selection developed *Baseline: 1; Target: 3* • Number of public campaigns addressing gender equality, non-discrimination and gender-based violence and gender-biased sex selection, including through engagement of men and boys *Baseline: 10; Target: 15*	Parliament; Committee on Women and Family Affairs; Ministry of Health and Social Protection; United Nations organizations; civil society organizations; Ombudsman	$0.7 million ($0.5 million from regular resources and $0.2 million from other resources)
National priority: Creating a transparent and accountable national development system **UNDAF outcome:** People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent and gender-responsive legislative, executive and judicial institutions at all levels **Indicator:** New national development strategies are developed based on human rights, accurate evidence and consider accepted international development frameworks. *Baseline: 0; Target: 3.*				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator: • Number of new development policies and strategies that address population dynamics by accounting for population trends and projections in setting development targets *Baseline: 1; Target: 3*	Output 1: Strengthened national capacity to produce evidence and to formulate national policies and strategies that integrate population issues	• Number of national specialists trained through UNFPA support in the production, analysis and dissemination of census surveys and other statistical data, including in humanitarian settings. *Baseline: 0; Target: 500* • Number of new conducted population surveys and analysis with UNFPA support that contribute to evidence-based formulation of development policies and strategies *Baseline: 2; Target: 4* • A functioning tracking and reporting system to monitor implementation of national plans and policies in the areas of demography, sexual and reproductive health, youth, gender equality and humanitarian response *Baseline: No; Target: Yes* • Population and housing census in 2020 is conducted following internationally agreed recommendations *Baseline: No; Target: Yes*	Statistical Agency; Ministry of Economic Development and Trade; Institute of Economics and Demography; local governments; United Nations organizations; civil society organizations	$1.5 million ($0.7 million from regular resources and $0.8 million from other resources) Total for programme coordination and assistance: $0.4 million from regular resources